

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) David DeJesus Jr 209513
(Name of Plaintiff) (Inmate Number)

PO Box 9561 Wilmington DE 19809
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) Raphael Williams

(2) C-M-S

(3) _____
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

none

0 6 * 2 0 9

(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2006 MAR 30 PM 2:04

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:
1. What steps did you take? I put in medical grievance and sick call
 2. What was the result? none
- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Raphael Williams
 Employed as warden at Howard R. Young Correctional
 Mailing address with zip code: PO Box 9561
Wilmington DE 19809
- (2) Name of second defendant: C-M-S
 Employed as Medical service at Howard R. Young Correctional
 Mailing address with zip code: PO Box 9561
Wilmington DE 19809
- (3) Name of third defendant: _____
 Employed as _____ at _____
 Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. ~~I would like to get help now get~~
~~the side medical~~ I have a bad liver
when I came in Oct 18, 2005 I told
them about my liver, I have "Hepatitis C"
and that I am in pain no help I put
2. a medical grievance no answer from
any one of my Defendants, I am
sick, I fill pain and no help, 5 Blood
work was suppose to be done, but
they never did come. I been on the
3. Floor the hold time I been here
sick

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I want to court to get me help for
my liver I need help and I want
to sue for medical neglect for pain & suffering
I want \$1000000 for all they have put me through
I am in pain no help can I get a lawyer to help me

2.

3.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19 day of March, 2006.

David Dejean Jr

(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)